

Ohio Department of Job and Family Services
NOTICE OF APPROVAL OF YOUR APPLICATION FOR ASSISTANCE
(Do not use to approve food stamp benefits)

Name	Assistance Group	
Street Address	Case Number	Program
City, State, and Zip Code	County	Mailing Date

We approved your _____ application dated _____

Starting _____ you will get _____

The people affected by this action are _____

The reason for this action is _____

The rules that require this action are _____

Caseworker	Worker I.D.	Telephone Number
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Your Right to a State Hearing

This notice tells you what we are doing on your case.

Contact your caseworker if you do not understand this notice. We can explain it. We also may be able to change what we are doing.

Ask for a State Hearing if you want to appeal

Ask for a State Hearing if you disagree with what we are doing or think we are making a mistake. At the state hearing, you can explain your reasons. We will explain our reasons. A hearing officer from the Ohio Department of Job and Family Services will make a decision after the hearing.

We must receive your request for a State hearing by this deadline _____.

(Note: The deadline is 90 days after the Mailing Date at the top of this page. If a deadline falls on a Saturday, Sunday, or state or federal legal holiday, then the deadline is extended to the next workday.)

Follow the instructions on page 2 of this notice if you want to ask for a State Hearing.

Someone else may help you (a lawyer, social worker, friend, relative, etc.). They may ask for a hearing and go to the hearing for you if they send us your signed authorization.

You can ask your local Legal Aid program for free help with your case. Call the Ohio State Legal Services Association at 1-800-589-5888 (a free call) if you need your local phone number.

AG Name	Case Number	Mailing Date
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State Hearing Request

If you disagree with what we are doing or think we are making a mistake, you may use this form to ask for a State Hearing.

Step 1 If you would like to ask for a State Hearing, read, sign, date and fill in your phone number. Another person may sign this for you if they send us your signed authorization.

I want a State Hearing because I disagree with what you are doing or think you are making a mistake on my case.

Sign	Date	Phone
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Step 2 Optional -- You may check boxes and fill in blanks to help us schedule your State Hearing.

- I want a State Hearing about:
 - Checks or cash assistance (*OWF, DFA, RSS, Refugee Cash Assistance, etc.*)
 - Medical coverage (*Medicaid, Disability Medical, Alien Emergency Medical, Refugee Medical, etc.*)
 - Other benefits (*PRC, Child Care, Child Support, Work Allowance, etc.*) _____
- I want a State Hearing because _____
- I need an interpreter, a signer, or other assistance, at my State Hearing (*explain*) _____
- The days/times I cannot come to a State Hearing are _____
- I also want a County Conference (*a meeting with County Department of Job & Family Services staff*)
- This person has agreed to help me with my State Hearing (*my "authorized representative"*):

Name	Phone
Address	Fax
City, State and Zip Code	E-mail

Step 3 You must choose one of the following ways to send this State Hearing request to us. We must receive this request by the deadline on previous page of this notice. You should keep proof of when and how you sent this hearing request to us.

- **Mail** -- Mail both pages of this notice to ODJFS Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825.
- **Fax** -- Fax both pages of this notice to ODJFS Bureau of State Hearings at (614) 728-9574.
- **E-mail** -- E-mail the ODJFS Bureau of State Hearings at < bsh@jfs.ohio.gov >. In the subject, put "State Hearing Request." In the message, put all the information from the boxes at the top of this page and from Steps 1 and 2.
- **Phone** -- Phone the ODJFS Consumer Access Line at 1-866-635-3748. Follow the instructions for State Hearings. Mention this notice.
- **Contact your caseworker** -- It is better to send your request using one of the other methods above. But, you may give this page (completed and signed) to your caseworker. Or, you may phone your caseworker. Mention this notice.